

Family Planning Survey Report
for Issyk-Kul Oblast, Kyrgyzstan
Zhezkazgan and Satpaeva Cities, Kazakstan

October 1997

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**Family Planning Survey Report
for Issyk-Kul Oblast, Kyrgyzstan
and Zhezkazgan and Satpaeva Cities, Kazakhstan**

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EXECUTIVE SUMMARY

As part of health care reforms taking place in Central Asian countries in which the *ZdravReform* Program is working, a change in focus from hospital-based care to primary care has resulted in the development of Family Group Practices (FGP). These practices have replaced the specialized polyclinics which were a hallmark of the Soviet primary health care system. Each practice consists of at least two physicians, most often a pediatrician and an internist. Now, many obstetrician-gynecologists have also been incorporated into the FGPs. In the past, a woman had to visit several specialized clinics to meet her health care needs; the newly developed FGP structure can conveniently and economically provide a woman's care in a single location.

Incorporation of reproductive health issues, including family planning, is a logical step in the development of the FGP as the vehicle for delivery of primary care. Increasing access by making it more convenient for women to receive reproductive health assistance, including contraceptive information and methods, at their local FGP should result in a decrease in the abortion rate and an increase in the use of modern contraceptive methods. Information and assistance concerning sexually transmitted diseases including HIV/AIDS also needs to be offered and will be considered in a future program.

As an initial step in incorporating family planning into the structure of the FGP, and as part of the evaluation and program planning process, the *ZdravReform* Karakol Marketing Group undertook a survey (see *Annex*) in selected sites in Issyk-Kul oblast. The survey was intended to produce a client profile. Questions were designed to determine the fertility history of the typical female client of reproductive age; her experience with receipt of family planning information; and her contraceptive use. This survey was also pretested in Zhezkazgan city, in Kazakhstan, and those results are included in this report.

The survey results in Issyk-Kul and the pretest results from Zhezkazgan support continued work in integrating family planning activities into the FGP. The results show that many women in those areas already to some extent use the FGP for this service. For example, over 25 percent of the surveyed women in Issyk-Kul reported two or more abortions. More than 15 percent reported not being able to decide which contraceptive method to use. While health care workers were the *first* source of contraceptive information more than 40 percent of the time, this area could be an opportunity for proactive education for teenagers. The fertile women surveyed rely on IUDs over 27 percent of the time; this may indicate a lack of counseling by the doctors, a preference on the part of the women, or perhaps an availability issue. Women do use injectable and oral methods, to a degree: sterilization and diaphragms are not used very much. Condoms seem to have some acceptance, and it is reasonable that some promotion of these be included in a general public education campaign.

More training for the doctors would increase their ability to offer counseling to both women and men, and be especially helpful to couples with both partners seeing the same doctor. It also seems logical to have a patient education campaign affiliated with the

development of the family planning activities in the FGP, for example with the theme “Family planning is now at your FGP.”

Relatedly, it will be useful to see the results of the Macro International, Inc. Demographic and Health Survey which was recently done in Kyrgyzstan. The draft of this survey is expected by the end of the year. It will prove interesting to compare data; however, it appears that the results of the *ZdravReform* survey provide ample justification for the continuing integration of family planning into the FGP system of the Issyk-Kul region.

This report is presented in two major parts:

- The first part covers the Issyk-Kul oblast family planning survey. Sections describe the newly FGP structures for primary care; survey method, testing and results; lessons learned in designing, administering and analyzing the survey; and conclusions.
- The second part covers testing of the family planning survey in Zhezkazgan. Sections give background information, methodology and results.

The annex contains the survey itself.

**ISSYK-KUL OBLAST (KYRGYZSTAN)
FAMILY PLANNING SURVEY**

1.0 BACKGROUND

In the pilot health care reform region of Issyk-Kul oblast, in eastern Kyrgyzstan, there are currently 83 Family Group Practices (FGP). Formation of this system began in 1995 and is now considered to be complete in terms of rearrangement of the doctors: Each practice consists of at least two physicians, usually an internist and a pediatrician. Many obstetrician-gynecologists also have been incorporated into the FGP.

Nevertheless, much work remains to be done in setting up new financing systems and cross-training the heretofore highly specialized physicians. The goal of the training is to prepare physicians to be capable of functioning as family practice doctors, treating all primary care patients and decreasing referral of patients to more costly, specialty sites.

2.0 METHODOLOGY

Issyk-Kul oblast has over 420,000 people, including 83,030 women of fertile age (15 to 49 years).¹ Two sites surveyed in the oblast: the oblast capital of Karakol city, representing an urban population, and Ak-Suu district, representing a rural one.

Karakol city has a population of 62,000. The majority ethnic group is Kyrgyz (70 percent); most of the remaining 30 percent is Russian. Less than 1 percent are others, mainly German and Uigur. The 1,499 women surveyed represented 7.6 percent of the city's 19,700 women of reproductive age (15 to 49 years). Sixteen FGPs in the city currently provide primary health care services to these women and their families. Women may also seek gynecological services at the Family Planning Center at the Maternity Hospital, though this center specializes in infertility and other problems, not primary care.

The Ak-Suu district, which adjoins the Karakol city district but is considered rural, has a population of 50,000. Like Karakol, Ak-Suu is about 70 percent Kyrgyz, and most of the other 30 percent are Russian. Very small numbers of Tartars, Uzbeks, Dungans, Ukrainians and Kazaks total less than one percent of the population. There are 10,619 women of fertile age, according to the FGP enrollment data base. Of these, 630 women (5.9 percent) were surveyed. There are nine FGPs in the district.

The women surveyed were between 15 and 49 years of age. The survey was administered community-wide: 30 percent of the survey sites included the local university, factories, hair salons, schools, shops, and neighborhoods. These respondents were selected by visual assessment of relative age by the surveyor, then confirmed by the first question. Respondents answered the questions in writing, and the surveyors waited for them to complete the survey. Another 70 percent of the surveys were performed by FGP doctors, who asked the questions and filled in the answers. It is possible that this introduced some bias (in the doctor's favor) on counseling questions. However, it also increased the accuracy of the answers concerning fertility history.

In Karakol city, the surveyors included two *ZdravReform* marketing team members who focused on the non-FGP sites, and, as mentioned above, the FGP doctors. The FGP managers distributed the questionnaires to the doctors, collected them and delivered them to the marketing group. In Ak-Suu, the FGP managers distributed 80 percent of the questionnaires to the FGP doctors, who then surveyed clients at their FGP. To get a wider sampling, the FGP managers also canvassed their own neighborhoods to attain another 20 percent.

Because many of the locals in Ak-Suu district speak Kyrgyz as their first language, a Kyrgyz version of the survey was used, translated from the Russian. The local doctors proofed this version of the survey for clarity and appropriateness of translation of medical terms. Also to make the survey more appropriate to the Ak-Suu situation, some questions

¹ According to the Chief Obstetrician-Gynecologist of Issyk-Kul Oblast, Dr. Anura Aitkulieva.

were modified slightly from the Russian version used in Karakol. This produced some slight differences in the answers, especially in the source of family planning counseling and also in the contraceptive methods used. The FGP managers speak Kyrgyz. None of the surveyors reported any difficulties with the questions.

The surveys were done in April 1997. During May and June, the data was entered by the marketing team members into Epi-Info directly from the survey in the initial step of the analysis. The Epi-Info data was transferred to Excel. Charts with the collected data were then developed and the data reviewed. It was determined that the focus of the survey results report would be “Basic questions related to the acceptance of the FGP by local women as a source of contraceptive information and commodities.”

3.0 TESTING

The original survey was written in English, then translated into Russian. It was tested on 33 people, then revised. Changes included the following:

- The language used in the survey in Ak-Suu was changed to Kyrgyz because this is the predominant language in this district.
- Family planning counseling was defined and explained.
- Confusion existed about “stillbirth” in question 3. The Russian version originally was translated incorrectly, lumping abortion with stillbirth. These were therefore separated into two questions. Surveyors reported later that it appeared some women still did not understand the meaning of the term “stillbirth.”
- Question 10 (“Where did you receive counseling?”) needed a small change. Apparently the Family Planning Center has not been in business very long and therefore received insufficient responses. An adjustment was made to this question by adding the old name, Consultation Center, as an answer option.

4.0 RESULTS

In Karakol, 1,499 women were surveyed, while in Ak-Suu, 631 were surveyed, for a total of 2,130. Our survey covered 2.5 percent of the reproductive women of the region of Issyk-Kul.

4.1 Age of the Respondents

The age of the respondents was from 15 to 49 years. The women were separated into basic reproductive categories: teenagers, age 15 to 19 years, “active reproductive ages,” 20 to 34 years; and the older reproductive age, 35 to 49 years. (See *table 1*.)

<i>Table 1: Site, Age groups, Marital status</i>					
	<i>15-19 years</i>	<i>20-34 years</i>	<i>35-49 years</i>	<i>Total</i>	<i>Married</i>
Karakol	263 (17.5%)	859 (57.3%)	377 (27.2%)	1499	69%
Ak-Suu	84 (13.3%)	303 (48%)	244 (38.7%)	631	75%

4.2 Marital Status

The marital status question for Karakol city revealed that 69 percent of the women were married. In Ak-Suu district, 75 percent of the women interviewed were married. This high proportion of married women supports the logic of having family planning centered in the FGP, where a woman’s child or husband might also be expected to receive health care. There will thereby be an increased opportunity for the physician to interact with the woman and to have increased familiarity with her family situation and potential reproductive health. (See following discussion and *table 2*.)

4.3 Reproductive History

4.3.1 Fertility

In Karakol, 27 percent of respondents have one child; 42 percent have two or more children; 31 percent have no children. The average number of children per woman is 1.4, if we include women age 15 to 19 in this calculation, which may make this number abnormally low. Over 55 percent of the women in the 35 to 49 years old group had over three children. In Ak-Suu, 57 percent of the women have two or more children, with an average of 1.8 children per woman age 15 to 49. (See *table 2*.) According to the chief gynecologist, in 1996 there were 8,324 deliveries. Of these, 17.5 percent were to women who already had four or more children, and nearly 13 percent were to women who had given birth the previous year. This information is evidence of a need to increase efforts to help women facing family planning decisions.

4.3.2 Stillbirths and Premature Births

In Karakol, 19 percent of women surveyed reported one or more stillbirths or premature births. In Ak-Suu, 17 percent had had one or more stillbirths or premature births (see *table 2*). It needs to be noted that in the former Soviet Union, a pregnancy that terminates

at less than 28 weeks of gestation is considered premature and is classified as a late miscarriage even if signs of life are present at the time of delivery. Only if a premature birth survives for seven days is the child classified as a live birth.² Discussions on whether or not these stillbirths or premature births were being accurately reported in the survey will be deferred to the Demographic and Health Survey for Kyrgyzstan which should be available by the end of the year. At that time, it will be interesting to compare the stillbirth or premature birth data from this survey. In retrospect, this question was confusing and may not have been appropriate for this survey.

4.3.3 Abortions

There seems to be a high incidence of abortions with over 41 percent of the women in Karakol city reporting at least one, including “mini-abortions” (vacuum extraction immediately following a missed period). The average is 1.07 per woman of reproductive age including the 15 to 19 year old group. Over 29 percent reported two or more abortions (see *table 2*). It was not ascertained whether the higher numbers of abortions were in the older groups of women (35 to 49). In Ak-Suu, there were 0.87 abortions per woman of reproductive age, again figure including the 15 to 19 year olds. Twenty-four percent of the women had had two or more abortions.

These figures are supported by data received from the chief gynecologist of the region. She stated that the number of abortions had declined from 2,065 in 1995 to 1,734 in 1996. Of the 1,734 women who had had abortions, 360 (21 percent) of them had been considered high risk but had never received counseling or offer of a contraceptive method.

With nearly 30 percent of the women in both survey sites reporting at least two abortions, it can be concluded that more quality family planning counseling needs to be offered, and that the FGP is an ideal place to offer it to more women. Improvements in quantity and quality of counseling may help in continuing to reduce the abortion rate.

<i>Table 2: Percentages (actual number) of total women with Stillbirths, Children, Abortions</i>			
	<i>% with one or more stillbirths</i>	<i>% with two or more children</i>	<i>% with two or more abortions</i>
Karakol	19% (278)	42% (629)	29% (435)
Ak-Suu	17% (106)	57% (361)	24% (149)

4.4 Source of Family Planning Counseling

A general yes/no question concerning whether women had ever received counseling was asked. This was defined in the survey as: “*Family planning counseling is when the doctor or nurse spends time talking to you about the advantages and disadvantages of different contraceptive methods. This includes side-effects and complications of the*

² Demographic and Health Survey 1995, Macro International Inc.

various methods.” In Karakol, 46 percent of the respondents stated that they had *not ever* received family planning counseling; in Ak-Suu, interestingly, only 35 percent of the women stated they never had received family planning counseling. In any case, there remain significant numbers of women who may want, and still need, counseling.

A second question asked *where* the counseling took place. *Table 3* shows responses.

<i>Table 3: Percentage (actual number) of Sources of Counseling and Commodities</i>				
	Counseling		Commodity	
Source	Karakol	Ak-Suu	Karakol	Ak-Suu
Family Group Practice	34.1%(511)	41% (259)	68% (488)	61% (204)
Maternity-Consultation Ctr.	6.7% (100)	4.6% (29)	--	--
Maternity-Fam. Plan. Ctr.	2.2% (33)	4.4% (28)	3% (22)	3% (10)
Maternity Hospital	7.1%(107)	6.7% (42)	9% (64)	9.3% (33)
Other doctor	3.1% (47)	4.4% (28)	5% (37)	6.5% (22)
Pharmacy	1.9% (28)	4.6% (29)	15% (110)	19.7% (66)
Did not have counseling	44.9% (673)	34% (216)	--	--

In Karakol, over 34.1 percent of the counselings reportedly took place in the FGP. This predominance is natural since there are no longer women’s polyclinics available and most of the gynecologists are now in the FGPs. The main other source of counseling is the Maternity Hospital and the various sites within: The Family Planning Center was formerly called the Maternity Consultation Center. (While these are the same organization, the survey designers felt women might be confused, so it was asked both ways; 8.9 percent of consultations took place there.) Another 7.1 percent of the counseling took place at the Maternity Hospital; these are considered to be post-delivery and post-abortion counselings. In Ak-Suu, 41 percent of the counseling sessions took place in the FGP, and 15.7 percent took place in the Maternity Hospital sites. Twenty-nine women (4.6 percent) said they went to their pharmacy for counseling. This is interesting and it may be useful to learn why.

4.5 Sources of Contraceptives

Sixty-eight percent of women using some method of contraception reported that they had received the contraceptives in the FGP. Again, this is not surprising, because polyclinics have been dissolved. Fifteen percent of women said they get their contraceptives in the pharmacy; 12 percent at Maternity Hospital sites; and 5 percent at other doctors. In Ak-Suu, 61 percent of the women had received commodities at the FGP. Over 12.3 percent received contraceptives in the Maternity Hospital sites. And 19.7 percent of the women reported going to the pharmacy for their contraceptives. (See *table 3*.)

According to the leading expert of the Family Group Practice Association, at the time of the survey, all the FGPs in the region were in possession of IUDs, oral contraceptives, and injectables. The pharmacies generally have oral contraceptives and condoms, and

occasionally IUDs and injectable DepoProvera. Anecdotally, the doctors feel that it is “too expensive” for the women to get contraceptives in the pharmacy.

4.6 Reasons Why Women Do Not Use Contraception

Question 13 of the survey questionnaire asks whether the reason a woman is not using contraceptives because they are too expensive. (See *table 4*.) Three percent of the Karakol women claimed this as the reason, while in rural (and less affluent) Ak-Suu, 3.7 percent of the women listed it as a reason. In Karakol, 1 percent of the women said that contraceptives couldn’t be found, while in Ak-Suu, 1.8 percent said this. Cost and availability thus seems to have been a factor in over 4.7 percent of the women’s decisions concerning contraception. This is an issue that could be addressed by the local health department and assisted by international donors. Concerning decision-making, 14.5 and 16 percent of the women said that they “couldn’t decide what to use.” This is an issue that might be addressed by more proactive counseling efforts by the doctors at the FGP.

<i>Table 4: Reasons why women do NOT use contraception, in percents (actual numbers):</i>		
	Karakol	Ak-Suu
Trying to get pregnant	20% (173)	19% (63)
Too expensive	3% (27)	3.7% (12)
Not available (can’t find)	1% (10)	1.8% (6)
Not having a sexual relationship	39% (333)	36.9% (120)
Can’t decide what to use	16% (131)	14.5% (47)
Other	20% (170)	23.6% (77)

4.7 Choice of Method by Respondent Based on Family Planning Information

In Karakol and Ak-Suu, 57 percent of the women chose the method of contraception on the basis of information received most recently, which demonstrates that the source of information definitely influences the woman’s choice of method. Another question asked for the woman’s very first source of contraceptive information. *Table 5* shows results.

<i>Table 5: Source of FIRST contraceptive information, in percents (actual numbers)</i>		
	Karakol	Ak-Suu
Mother	25% (373)	20.6% (130)
Other relative	5% (80)	5.4% (34)
Friend	10% (145)	7.3% (46)
Colleague	9% (132)	10.1% (64)
Health Care Worker	42% (635)	49.3% (311)
Other	9% (134)	7% (44)

The popularity of the health care worker as dispenser of first-time contraceptive information is a good sign. It also shows that there is still considerable opportunity for the health care workers to dispense advice in a timely prophylactic manner by perhaps making an *offer* to counsel young women *before* they have a need for contraception and

before they seek advice from other sources who may be well meaning but less knowledgeable and potentially less effective.

4.8 Length of Counseling

The number of minutes spent in counseling produced interesting responses. Counseling was defined as: *“Family planning counseling is when the doctor or nurse spends time talking to you about the advantages and disadvantages of different contraceptive methods. This includes side-effects and complications of the various methods.”* Responses are shown in table 6.

MINUTES OF COUNSELING AT LOCATION															
KARAKOL CITY															
	Teens. age 15-19					Ages 20-34					Age 35-49				
	0 min	< 3 min	4-7 min	8-10 min	10 min>	0 min	< 3 min	4-7 min	8-10 min	10 min>	0 min	< 3 min	4-7 min	8-10 min	10 min>
FGP	5	7	14	6	19	15	70	84	72	108	1	33	25	25	27
Maternity-consultation Center	1	1	0	3	3	3	12	17	12	14	0	7	11	7	7
Maternity-Family Planning center	0	0	0	0	0	1	3	3	3	11	0	2	3	0	7
Maternity	0	1	0	0	16	4	9	11	16	7	2	5	5	21	10
Other doctor	0	0	1	0	14	1	4	8	2	6	0	4	3	2	2
Pharmacy	0	0	0	2	3	0	4	1	0	9	1	4	2	2	0
No consultation	673														
AK-SUU DISTRICT															
	Teens. age 15-19					Age 20-34					Age 35-49				
	0 min.	< 3 min.	4-7 min.	8-10 min.	10 min>	0 min.	< 3 min.	4-7 min.	8-10 min.	10 min>	0 min.	< 3 min.	4-7 min.	8-10 min.	10 min>
FGP	3	4	3	1	5	3	25	41	38	19	2	13	20	57	25
Maternity-consultation Center	1	1	0	0	1	1	2	4	10	2	0	0	3	3	0
Maternity-Family Planning center	0	0	0	0	6	0	2	9	1	1	1	2	2	2	2
Maternity	0	0	0	0	0	1	4	7	7	2	0	4	6	7	4
Other doctor	0	0	0	0	0	1	4	5	2	3	0	3	8	2	0
Pharmacy	0	0	1	2	0	0	2	3	9	0	0	0	1	10	1
No consultation	216														

Table 6: Number of women receiving X minutes of counseling time

In Karakol, 50 percent of the women in the most active reproductive age (20 to 34 years) who *did* receive counseling, reported eight minutes or more of counseling. Nearly 25 percent reported receiving at least four to seven minutes of counseling. In Ak-Suu, about 45 percent in this age group reported counseling lasting over eight minutes. Another 32 percent received at least four to seven minutes of counseling. This seems like the FGP doctors are making a good start in this area. This question lends itself very nicely to follow-up in the future as part of a “quality of service survey” for the FGP. As part of a follow-up survey, it may be useful to track which doctors provided the consultation, and the amount of training in counseling skills they had received.

4.9 Contraceptive Use, Current and Past

In response to a yes/no question asking whether the woman was using contraception, the following answers were received. In Karakol city, 43.8 percent used contraceptives, while 56.2 percent did not use any. In Ak-Suu, 48.7 percent said they used contraceptives, while 51.3 percent said they did not. This matched fairly closely the totals in the breakdown of methods question, as detailed by the interviewees, which were 46.8 percent in Karakol; and 48.5 percent in Ak-Suu. The reasons for the slight differences in the figures is not apparent.

4.10 Modern Method Use

Total use of modern methods³ in Karakol was 44.5 percent and in Ak-Suu 47.5 percent. The IUD was the most popular method, with 27 percent of the women using that method in Karakol and 34 percent in Ak-Suu. Oral contraceptives (OC) were used 6.9 percent of the time in Karakol, but less than half of that percent of the women in Ak-Suu used them—only 3.2 percent. In Karakol injection was used 6.5 percent of the time, and in Ak-Suu 8.1 percent. It is hard to say whether this is due to provider or client preference, or availability. Of all women using contraceptives, there appears to be a predominance of use of modern methods, which is encouraging. (See *table 7*.)

There may be an accessibility problem in terms of “choice,” caused by inadequate supplies of oral contraceptives and injectables. The method mix is 4:1:1 (IUD:OC:Injectable) in Karakol and 10:1:4 in Ak-Suu. The rural nature of Ak-Suu may account for the smaller supply of OC and injectables over the traditionally used IUDs. There may also be less training of these doctors in all methods; thus, a tendency to prefer the IUD. Anecdotally, it is reported that rural doctors think that rural women “prefer” methods that do not require much maintenance, such as the IUD over methods that require periodic trips to the village or to Karakol city. Some doctors think rural women are uneducated and incapable of selecting their own best method, and the doctors themselves prefer the IUD. In any case, it seems a future change in the modern method mix, reflecting more oral contraceptive use and injections, might be used as evidence of better training and supply, as well as acknowledgment of the rights of the patient as the client.

³ Modern methods most available and used in Kyrgyzstan are: IUDs, oral contraceptives and injectables.

According to the leading gynecology expert of the Family Group Practice Association, there was a two-fold increase in oral contraceptive use between 1995 and 1996 in Karakol (462 women). Injectable use quadrupled during that period, and IUD use remained stable.

<i>Table 7: Percentage (actual number) of current method use of total, and satisfaction with the particular method</i>				
	Current method	Satisfaction Positive	Current Method	Satisfaction Positive
	Karakol		Ak-Suu	
IUD	27% (404)	93.3% (377)	34.2% (216)	92.5% (200)
Oral Contraceptive	6.9% (104)	87.5% (91)	3.2% (20)	90% (18)
Injection	6.5% (97)	93.7% (90)	8.1% (51)	66.7% (34)
Condom	3.5% (52)	75% (39)	1.7% (11)	63.6% (7)
Diaphragm,foam, jelly	0.1% (1)	100% (1)		
Female sterilization	0.4% (6)	33% (2)	0.3% (2)	50% (1)
Male sterilization	0.1% (2)	0		
Withdrawal	0.3% (4)	50% (2)	0.2% (1)	
Rhythm	1.5% (22)	64% (14)	1.5% (5)	80% (4)
% Other	0.5% (8)		0.5% (3)	
Total of Methods	47% (700)		49.7% (309)	
Not Using a Method	53% (799)		50.3% (322)	

4.11 Satisfaction with Chosen Method

There seems to be satisfaction with IUDs in general in both locations at over 90 percent. Oral contraceptives also achieve reasonable satisfaction levels—it may be assumed that the women who are using the OC have been “stabilized” after the first few months of use. Injection method has satisfied users in Karakol city (over 93 percent) but there seems to be some dissatisfaction in the Ak-Suu district, with 17 of the 51 users expressing dissatisfaction. This might be an area where more education of the providers is needed or more support of the users is indicated.

4.12 Length of Use of Current Method

There does not seem to be a particular pattern to the length of use of contraceptives (see *table 8*). It may be theorized that the existence or absence of humanitarian aid might be connected with peaks and valleys. About 40 percent of the total women using IUDs have used this method successfully for more than 24 months. In Ak-Suu, there seems to be successful oral contraceptive use, with 40 percent of the women who used OC still using between 12 months and 24 months, and 30 percent of the users still on OC after 24 months.

<i>Table 8: Percentage of women using major method, by length of time in months</i>					
Karakol	0-6 mos	6-12 mos	12-24 mos	24 >mos	no response
IUD	20%	17%	17%	39%	7.4%
Oral Contraceptive	36	22	13	25	1.9
Injection	24	43	22	10	1
Condom	23	11.5	5.8	34.6	25
Ak-Suu	0-6 mos	6-12 mos	12-24 mos	24 >mos	no response
IUD	13.4%	9.7%	21.7%	44%	10.6%
Oral Contraceptive	30	0	40	30	0
Injection	19.6	35.3	29.4	11.8	3.9
Condom	54	9	18	9	9

5.0 LESSONS LEARNED

- The novelty of a survey in this culture and the comfort level at the frank questions needs to be further considered.
- Having the doctors conduct 70 percent of the surveys increased the likelihood of the fertility history questions being answered accurately. It may however have introduced some bias into interpretation of the counseling questions.
- There was a learning curve for the surveyors, who also had to work with their own comfort levels and biases.
- Surveyors felt that there was some ill-ease on the part of the participants due to fear of disclosure of personal information in that these surveys were being conducted in small towns.
- Frequent interruptions in local electricity supply delayed and complicated the analysis of the survey.

6.0 CONCLUSIONS

This survey supports several conclusions regarding the incorporation of family planning activities into the family group practices in Issyk-Kul oblast. It appears necessary to provide the population with more information about methods of contraception through improved counseling. In order to support improved counseling techniques of the doctors, additional training in this skill would be valuable. Some sort of feedback mechanism should be developed to help the doctors in self-monitoring. Since over 50 percent of the patients said that they had never received counseling, it may be helpful to provide brochures in the appropriate language to take home, as well as to provide a talking point for the counseling sessions.

The large number of patients relying on the FGP for gynecological care supports the purchase of equipment for proper gynecological work, such as insertion of IUDs, pelvic exams and pap smears. A constant supply of a variety of modern contraceptives will help the FGP physicians provide true choice for their patients desiring modern contraception methods.

Developing a marketing campaign to promote the FGP as a source of counseling in family planning and as a source of modern contraceptives will help increase the acceptance by women of the FGP concept.

It will be useful to plan some feedback to the physicians who monitor the quality of the gynecological services offered in the FGP, including counseling. This might be done by patient satisfaction surveys done as exit interviews or, perhaps, in a focus group. This could provide some qualitative feedback. It could also be used to monitor modern method mix.

ZHEZKAZGAN (KAZAKSTAN)
TESTING OF FAMILY PLANNING SURVEY

1.0 BACKGROUND

Zhezkazgan city and the adjacent Satpaeva city form the urban center of the Zhezkazgan district in Karaganda oblast, Kazakhstan. The Zhezkazgan district has been a health care pilot site since 1995, when the Family Group Practice system was first organized using internists and pediatricians. In early 1996, payment system reforms were started, and by late 1996, the gynecologists were removed from the polyclinic setting and incorporated into the FGPs. Currently, there are nine FGPs in Zhezkazgan city and seven FGPs in Satpaeva city, serving a population of 202,000 people. There has been much expressed interest on the part of the family doctors in incorporating family planning into the FGPs.

2.0 METHOD

A survey questionnaire had been developed for a large-scale family planning survey that was conducted in Issyk-Kul, Kyrgyzstan in April-May 1997 (see *Appendix A*). It was decided to test the Russian version of this survey in Zhezkazgan in May 1997 to see whether the questionnaire would be a good instrument for obtaining information. It had originally been intended to conduct the survey using a larger sample, but this effort was postponed in part because of administrative reorganization within the Kazakhstan government resulting in the merger of Zhezkazgan oblast with Karaganda oblast. Previously established working relationships with local authorities were thereby disrupted.

In Zhezkazgan, 60 women were surveyed as part of the testing. They completed the survey in the FGP waiting room. The results were then submitted to the Karakol office for analysis. Even this small group produced interesting responses which yielded useful information for the proposed family planning program for Zhezkazgan.

3.0 RESULTS

In the sample of 60 women, 49 were married. Forty-one of the 60 women (68 percent) were in the active reproductive age group, 20 to 34 years. Only two women from age 15-19 were surveyed, so little can be attributed to that group. From this limited sample, there are a few indicators worth noting and perhaps pursuing at a later time if they can be validated with more information. The following represents some of the more interesting data collected:

1. The most popular type of contraceptive was the IUD, used by 28 of the 40 women using contraception. Seven women used oral contraceptives; and only one woman used injectables. One woman was relied on condoms, one was sterilized, and one used the rhythm method.
2. Most women (49, or 82 percent) were satisfied with their contraceptive method. The one woman relying on condoms was not satisfied. With the concerns about the rising

incidence of sexually transmitted diseases, it may be useful to work on a campaign to gain greater acceptance of condoms.

3. Thirty-three respondents (56 percent) based their choice of contraception on the counseling that they had received. Although most of these women were satisfied with the method they are currently using, these responses led to the question whether the women really were actively involved in their counseling session, or whether the doctor simply told the woman what to use. In another question, many women (47 percent) reported not getting information from any source. This indicates that information needs to be more readily available.

4. Of the married women, about 30 percent do not use contraception. This would be a more meaningful result if the question were connected with whether they are sexually active and/or wanting to get pregnant. If they are sexually active and do not want to get pregnant, then there is a significant number who may need help selecting a method of contraception.

5. Most women (23 of the 32 sexually active women using contraception) received counseling at the FGP; but this is where the questionnaire was handed out, so the result is surely skewed. It would be useful to know if women are consistently getting information about contraception post-partum and post-abortion at the Maternity Hospital.

6. Of married women, 67 percent have had at least one abortion and, although there were only six unmarried women, half had had at least one abortion. This figure shows there is some need for better family planning activity and further investigation of the local situation regarding access and availability.

7. Forty-eight percent of the married women reported having had a stillborn or premature child. This may indicate a need for better prenatal care, which could potentially be supplied in the FGP.

8. Over 80 percent of married women had at least one child. Seventeen women had one child each; 18 women each had two children, and another 13 women each had three or more children. This would seem to represent a high degree of fertility.

The conclusion was that the respondents understood the questions and no particular problems were discovered. Thus, this survey and most of the questions would be applicable for the future. Currently it is planned to add some family planning questions to the survey in connection with the enrollment campaign which has been rescheduled for January 1998. In general, reproductive health training for the physicians, including counseling skills would be useful. More information for the clients, perhaps in the form of brochures along with improved counseling from the doctors, would be helpful.

ANNEX: SURVEY FOR FAMILY PLANNING SERVICES

Please help us serve you better! We do NOT need your name. Your answers will remain anonymous. The following questions will help us better evaluate the needs of our women patients. It will help us better serve you at our Family Practice. Thank you very much for participating. Please circle the number following the correct answer.

1. **How old are you?** _____ (years)
2. **What is your marital status?**

Married	1
Single	2
Divorced	3
Widowed	4
3. **How many pregnancies were complicated and ended with a stillbirth (the birth of a dead child) or a miscarriage?**

None	0
one	1
two	2
three	3
four	4
five or more	5
4. **How many pregnancies ended with the birth of a live child?**

None	0
one	1
two	2
three	3
four	4
five or more	5
5. **Please list the dates of birth of all your living children in the space below**

6. **How many pregnancies have you had that ended in an abortion, including mini abortion?**

None	1
one	2
two	3
three	4
four	5
five or more	6
7. **Where did you first ever receive contraceptive information?**

Mother	1
Other relative	2
Friend	3
Colleague	4
Health care worker	5
Other (write in) _____	6

- 8. Have you ever received family planning counseling?**
(Family planning counseling is when the doctor or nurse spends time talking to you about the advantages and disadvantages of different contraceptive methods. This includes side effects and complications of the various methods.)
 Yes 1
 No 2
- 9 How long was the family planning counseling session?**
 0 minutes 1
 3 minutes or less 2
 4-7 minutes 3
 8-10 minutes 4
 10 minutes or longer 5
- 10 Where was the last time you received any counseling on Family Planning?**
 Family practice doctor 1
 Consultation center at 2
 Family Planning Center at Roddom 3
 Roddom 4
 Other doctor (write in type of doctor)_____ 5
 Pharmacy 6
 never received 7
- 11. Do you feel that you chose your method based on the family planning information given to you?**
 Yes 1
 No 2
- 12. Do you use contraceptives currently (if yes, skip to #14)**
 Yes 1
 No 2
- 13. If not, why not?**
 Trying to get pregnant 1
 Too expensive 2
 Not available (can't find) 3
 Not having a sexual relationship 4
 Can't decide what to use 5
 Other _____ 6

- 14. What contraceptive method are you currently using?**
- | | |
|--|----|
| IUD (intrauterine device) | 1 |
| Oral contraceptive (Birth Control Pill) | 2 |
| Injection (DepoProvera; Noristerat) | 3 |
| Condom | 4 |
| Diaphragm, foam (rubber dam) | 5 |
| Female sterilization (tying tube) | 6 |
| Male sterilization (tying tube) | 7 |
| Withdrawal | 8 |
| Rhythm | 9 |
| (less reliable method based on abstinence of sexual relations during fertile period) | |
| Other (specify) _____ | 10 |
| Nothing | 11 |
- 15. Are you satisfied with you current method?**
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
- 16. Where did you get your current contraceptive method?**
- | | |
|--|---|
| Family practice doctor | 1 |
| Family Planning Center at Roddom | 2 |
| Roddom | 3 |
| Other doctor (write in type of doctor) _____ | 4 |
| Pharmacy | 5 |
| Not using a contraceptive at this time | 6 |
- 17. How long have you been taking this contraceptive?**
- | | |
|--|---|
| 6 months or less | 1 |
| between 6 months and 1 year | 2 |
| between 1 year and 2 year | 3 |
| over 2 years | 4 |
| Not using a contraceptive at this time | 5 |
- 18. What contraceptive methods have you used in the PAST?**
(circle all that apply)
- | | |
|---|----|
| IUD | 1 |
| Oral contraceptive (Birth Control Pill) | 2 |
| Injection (DepoProvera; Noristerat) | 3 |
| Condom | 4 |
| Diaphragm, foam, jelly | 5 |
| Female sterilization | 6 |
| Male sterilization | 7 |
| Withdrawal | 8 |
| Rhythm | 9 |
| Other (specify) _____ | 10 |
| Nothing | 11 |